April 2025

Concept Report
Connect

Purpose of the Proposed Request for Proposal (RFP)

In accordance with Section 3-16(j) of the New York City Procurement Policy Board (PPB) Rules, the New York City Department of Health and Mental Hygiene ("the NYC Health Department" or "the Health Department") is issuing this Concept Report in advance of issuing a Request for Proposals for a new client services program. Specifically, the NYC Health Department is planning to issue an RFP for Connect.

Background and Introduction:

According to the World Health Organization (WHO), mental health is more than the absence of mental illness; "mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community." [1] Mental wellbeing is affected by social, economic factors and the environment where people live. There is consensus that the deterioration of one or more of the above-mentioned variables significantly increases the possibilities of developing emotional and/or behavioral problems. [2] For example in NYC if you are unemployed, have an income below 200% of the poverty line, have a concomitant medical illness, live in an unsafe area, in an abusive relationship or did not finish high school, you are more likely to experience depression.[3] Furthermore, the COVID-19 pandemic uncovered and exacerbated the significance of social determinants, inequities, and mental health outcomes. [4] At the same time, not only mental health researchers but also sociologists and anthropologists have been describing the importance of understanding culture to engage, diagnose, and treat mental health problems. [5] However, we are still lagging in recognizing all of these factors when it is time to design interventions to improve people's mental health across New York City.

Connect Demonstration Project

Seeking to bridge gaps in the mental health care system, the NYC Health Department launched the Connect demonstration project in January of 2022, with nine (9) Article 31 outpatient mental health clinics. Clinics were chosen based on their proximity to neighborhoods experiencing the greatest elevated needs including, high COVID-19 mortality and case rates, high prevalence of chronic illness, presence of overcrowded housing, the number of individuals experiencing poverty, and other preexisting health disparities, as identified by Taskforce on Racial Inclusion and Equity (TRIE).

The aims of the Connect programs were: to move beyond the traditional mental health clinic role, center collaboration with communities, and be responsive to the root causes of mental health challenges. Progress on these aims has been accomplished by: improving ease of access, creating expanded capacity in the connected

[1] World Health Organization. Mental Health. June 17, 2022. Accessed August 28, 2024. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.
[2] World Health Organization. Social determinants of mental health. May 18, 2014. Accessed August 2024. https://www.who.int/publications/i/item/9789241506809.
[3] Tuskeviciute R, Hoenig J, Norman C. "Depression among New York City Adults." NYC Vital Signs 2018, 17(2); 1-4.
[4] Campion, Jonathan, et al. "Public mental health: required actions to address implementation failure in the context of COVID-19." The Lancet Psychiatry 9.2 (2022): 169-182.
[5] Gopalkrishnan, Narayan. "Cultural diversity and mental health: Considerations for policy and practice." Frontiers in public health 6 (2018): 179.

Article 31 clinics, providing additional and more flexible treatment and support options, improving engagement of individuals often disengaged from clinic services, and tailoring the services and supports of the program to the specific identified needs of the surrounding community.

In 2023, Connect clinics received 5,428 referrals from various sources including self-referrals, in-patient units, the criminal justice system, and mobile treatment step-downs. For this same time period: 1,692 total walk-ins took place (including asylum seekers and individuals with criminal justice involvement); 341 individuals received off-site mental health services; 19,955 support services were provided (such as food assistance, support groups, service dollars for basic needs, and immigration support). Connect clinics hosted 3,403 community engagement events, reaching 21,936 individuals—leading to 4,605 community members receiving support services and 469 community members enrolling in a clinic for mental health services.

The result of these efforts and services proved Connect can be a viable step-down option for Assertive Community Treatment (ACT) participants with 12% of all the citywide mobile treatment step-downs referred to Connect clinics in 2023, 73% of which successfully received Connect services. Additionally Connect was proven to be a viable discharge/release option for individuals recently release from the justice system, a population that is often difficult to engage, with 75 of these individuals engaging with Connect and 179 walk-ins from individuals with justice-involvement. Finally, the number of individuals receiving mental health services off-site, 341 in 2023, demonstrates Connect can be an effective service to engage service-hesitant individuals and prevent behavioral health crisis.

Intent to support ongoing Connect services

The NYC Health Department intends to issue an RFP to continue Connect. Through this RFP, the NYC Health Department anticipates awarding contracts to support 7 Connect programs. All Connect programs will be expected to operate as an integrated extension of an existing Article 31 clinic. It is anticipated that preference will be given to clinics located in a TRIE neighborhood. As previously indicated, TRIE neighborhoods are those identified by the Taskforce on Racial Inclusion and Equity. Article 31 clinics that do not reside within a TRIE area would potentially be considered if they are accessible via mass transit and demonstrate accessibility to/from a high need area, including near TRIE areas.

Anticipated Goals and Outcomes:

In alignment with the goals of the demonstration project, the goals and outcomes of the Connect program in the RFP contracts will be:

- Identifying and addressing gaps in services through the use of a community needs assessments to identify needs of the surrounding community, and development of supportive services to meet these needs.
- Improving service connection for individuals who have experienced a recent crisis, including individuals returning to their communities from incarceration through providing walk-in hours and prioritization for services
- Addressing and/or prevent mental health crisis and to engage individuals reluctant to connect to traditional, on-site clinic services through provision of clinical and support services in the community or off-site.

Eligibility:

- Eligible contractors must possess a current OMH Article 31 licensed clinic and must be actively serving adults at their clinic site.
- Clinic *sites* receiving Certified Community Behavioral Health Clinic funding (CCBHC), and/or Article 31 clinic *sites* where a PROS program operates, would not be locations eligible for Connect programs.

Proposed Program Model:

Eligibility Criteria for enrollment in Connect

- Adults eighteen (18) and older

Priority Populations for Connect services:

- Adults with behavioral health needs, recently released (in the last 6 months) from incarceration
- Adults "stepping down" from a mobile treatment service, specifically Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Shelter Partnered Assertive Community Treatment (SPACT) or Intensive Mobile Treatment (IMT)
- Adults awaiting connection to the above mobile treatment services (i.e., on a referral list for ACT, FACT, SPACT or IMT).
- Mobile Crisis Response teams, including BHEARD.

Service Provision:

Place/Site-Based Clinical Services:
Connect programs, via connection to their Article 31 clinic programs, will provide enrolled individuals with all existing required services at their identified Article 31 site, consistent with Part 599, Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Program. These include, but are not limited to Psychiatric Assessment, Injectable Psychotropic Medication Administration with Monitoring and Education, Crisis Intervention Services Psychotropic Medication Treatment, and Psychotherapy, including Individual, Group, Family/Collateral. As possible, Contractor is expected to bill for MHOTRS services that are reimbursable by insurance.

Clinical Services in the Community:
Connect programs will provide the following clinical services **in the community** as needed to their enrolled participants:

- Psychotropic Medication Treatment, including Medication Assisted Treatment. This must include allowance for clinic enrollment w/ medication treatment only i.e. there may be no general requirement for weekly therapy in order to receive medication treatment services. CONNECT programs may offer/recommend additional Connect supports and outreach as appropriate alternatives to weekly therapy and/or supplemental support to medication management services. Connect programs must have a policy and procedure for determining when this may be clinically inappropriate and for re-assessing this determination.
- Injectable Psychotropic Medication Administration with Monitoring and Education
- Crisis Intervention Services
- Psychotherapy, including Individual, Group, Family/Collateral

- Peer Support Services

Additional Support Services Available On-site and in the Community:
CONNECT programs will provide additional support services, available both at the clinic site and in the community, as appropriate and determined as a need of the individual. These services will include:

- In-Person Engagement and Outreach for:
  - Individuals referred by ACT/FACT/SPACT/IMT programs, pre-enrollment in clinic services who require additional engagement and outreach services in order to successfully connect with clinic services
  - Individuals determined to be not well connected to or disconnected from services
  - Individuals for which there is concern the person may be in crisis
  - Other populations as determined by the Connect program

- Flexible Case Management Services, available to both Connect enrolled individuals and to community members not enrolled. These services may include assistance with:
  - Housing support including completion of HRA 2010E and other housing applications or housing supports
  - Assistance with obtaining and maintaining benefits including those to address food insecurity, etc.
  - Directly providing or referring to legal assistance including assistance with immigration status concerns.
  - Family support, as agreed upon by the individual, assistance locating affordable childcare, family psychoeducation and involvement of family in Wellness Recovery Action Plan (WRAP) or other crisis planning, etc.
  - Employment and educational supports including linkage to appropriate employment support programs, assistance, securing of appropriate clothing for interviews, etc.
- Physical health monitoring and other related supports including health education, linkage to primary care or other health providers, etc.
- Open Support groups or those that are otherwise available to members in the community not enrolled in the clinic
- Additional support services as determined by a Community Needs Assessment

Community Engagement:
Community engagement is an important aspect of Connect programs and allows for the tailoring of services that meet the unique needs of a community. All Connect programs are expected to have a dedicated Community Liaison and complete the following community engagement activities:

- Complete an Initial Community Engagement Plan and an Initial Community Needs Assessment with periodic updates
- Based on items identified by the Community Needs Assessment, incorporate interventions to address community needs into clinical and support services
- Proactively develop and maintain relationships with community members and other community stakeholders through attendance to Community Board/District meetings and attendance to community events
- Proactively develop ongoing relationships with the following service Providers that serve their communities:
  - Mobile Treatment Teams

- Mobile Crisis Teams
- Programs that serve a justice involved population, including Correctional Health Services (CHS)
- Crisis Residential and Crisis Stabilization Programs
- Programs and other related organizations that serve NYCHA communities
- Programs that serve asylum seekers

Walk-in Hours: Connect programs must have the capacity to intake new clients, including those recently released from New York City jails, within one hour of physically walking into or seeking telehealth services. Services provided to walk-ins may be provided in-person, on-site or via telehealth. Services available for individuals presenting as a walk-in must include clinical services including crisis support, peer support, and case management services including assistance addressing immediate needs such as food insecurity and be available during standard clinic hours.

Service Dollars: It is anticipated that Connect funding will provide limited, service dollar or wrap around funds to be used for the purpose of meeting emergency or emergent needs of those enrolled. The funds must be spent on items and services consistent with a participant's documented identified urgent needs and/or service plan and are designed to be flexible and responsible to current individual needs. Some examples of these services and items may include, but are not limited to: groceries, essential clothing, school supplies, medical supplies, insurance co-payments, transportation services, etc.

Minimum Hours of Operation: Connect services are expected to be available at least 5 days a week with flexibility to provide services evenings and weekends to meet an individual's needs and otherwise as determined by the Community Needs Assessment.

The following is the proposed <u>minimum</u> required staffing for a Connect program:

- Community Liaison, 1.00 FTE
- Program Director, 1.00 FTE
- Peer Specialist, 1.00 FTE
- Case Manager and/or Outreach Worker, 2.00 FTEs
- Clinician/Therapist, 1.00 FTE
- Registered Nurse, 1.00 FTE
- Psychiatrist or Psychiatric Nurse Practitioner, 0.25 FTE
- Administrative Support/Data Entry/Office Manager, 0.25 FTE

Additionally, it is expected that Connect programs may have additional staff: full-time, part-time, per diem, direct employee or subcontractor. Additional staffing lines proposed or requested should be justified through Community Needs Assessments and will be subject to the approval by the NYC Health Department.

<u>Reporting Requirements:</u>

The Connect programs will report on all aspects of the services, at the aggregate level. Reportable data includes but is not limited to:

1. Quarterly reports indicating: # of referrals received, referral source, general clinic census, # of walk-ins, # and breakdown by type of Connect services provided, and community engagement activities.
2. Quarterly reports indicating general census, and number of those in general census that received Connect support services, # of community members not enrolled that received a support service.

3. Monthly narrative reports on aspects of program delivery including but not limited to accomplishments, challenges, and community engagement events.
4. Annual reports on the sociodemographic characteristics (i.e., gender, race/ethnicity, age, spoken language, recent justice involvement) of participants.

Use of PASSPort and HHS Prequalification.
To submit a proposal to this future RFP and all other Human/Client Services RFPs, organizations must have **both** an account in the City's digital procurement system, PASSPort (https://www.nyc.gov/site/mocs/passport/about-passport.page) **and** an Approved PASSPort Health and Human Services (HHS) Accelerator PQL qualification status in PASSPort. If you do not already have a PASSPort account, select the tab " "Register NYC.ID" on that page.

HHS Accelerator PQL applications and proposals in response to RFPs will ONLY be accepted through PASSPort. For assistance with technical issues related to the PASSPort system, please contact the Mayor's Office of Contract Services (MOCS) via the MOCS Service Desk: https://www.nyc.gov/site/mocs/about/help.page

Proposed Procurement Timeline
The proposed RFP would be issued through PASSPort and proposals will only be accepted through PASSPort.

The anticipated RFP issuance date is Fall 2025, with proposals due 45-60 after the RFP issuance date, and anticipated award decisions in Winter 2025.

Planned Method of Evaluating Proposals
DOHMH anticipates that proposals will be evaluated based on: the extent to which proposers demonstrate relevant organizational experience; the proposed approach to the scope of services; the proposed approach to data management, monitoring and reporting; demonstration of organizational capacity and qualifications; and the proposed approach to budget management.

Anticipated Funding Information
The NYC Health Department anticipates awarding approximately 7 contracts from the RFP. The NYC Health Department estimates that the annual value of all contracts will be $11,170,625 subject to funding availability.

Proposed Term of the Contract(s)
The NYC Health Department anticipates that the term of each contract resulting from this RFP will be nine years in duration, contingent on the availability of funding. As of the release date of this Concept Report, the anticipated contract start date is 7/1/26.

Contact Information /Deadline for Questions/Comments
Written comments on this Concept Report are invited by **June 2, 2025, at 5:00PM**. Comments may be submitted either by email to RFP@health.nyc.gov (indicating "Connect Concept Paper Comments" in the Subject line of the email), or through PASSPort.